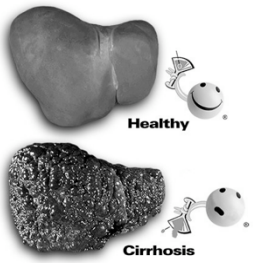
Just Allocation of Scarce Medical Resources.

Moss and Siegler: "Should Alcoholics Compete Equally for Liver Transplantation?"

Cheers!

Hard liquor

Cheers!



Your liver on hard liquor

Prelim

ESLD ("End-Stage-Liver-Disease": sometimes just 'liver disease')

ARESLD ("Alcohol-Related-End-Stage-Liver-Disease": sometimes 'alcohol liver disease')

The main conclusion

Given the *extreme* scarcity of donated livers, as a matter of general policy, people with ARESLD should be placed lower on the waiting list for livers than those with ESLD.

If we do a first come first served approach, over half of the available livers will be taken by people who could have prevented their livers from failing. This approach is both unfair and could lead to a decline in public support for liver transplantation.

Scarce resource

Why are livers an *extremely* scarce medical recourse as opposed to being a *relatively* scarce medical resource?

What makes the circumstances of liver transplantation different from those of other life saving therapies:

1) There's only one life saving therapy for you if you have liver disease, and that is a new liver. This is opposed to kidney disease where one can receive dialysis in addition to a transplant.
2) In those who need a new heart, no one condition or contributory factor accounts for why most of them need a new heart (alcoholics are denied hearts because their drinking is an indication that they'll squander their newly given life.)
3) It is influenced by cost containment—need to keep the policy the way it is so as to conform to public opinion. If not, people will be less willing to donate livers making a bad problem even worse.

Just how scarce are they?

There's only enough livers to treat a very very small percentage of people with ESLD through no fault of their own (very roughly, in any given year, out of 30k people who have liver disease through no fault of their own, only about 1,000 will receive livers).

So, if we allow alcoholics to compete for those livers as well, we now have roughly 60K people competing for the 1,000 livers.

Why not give priority to those who have done nothing to get where they are?

Objection to Moss and Siegler

Objection 1

Alcoholism is a disease; thus it's not true that people with alcohol liver disease could have prevented the destruction of their liver.

Their reply

Yes, it is a disease. But alcoholics are responsible for seeking out effective and available treatment and continuously pursuing it their entire lives.

ARESLD is caused by 10-20 years of heavy drinking; they have time, then, to seek help.

They could have prevented their failed liver in that they didn't seek (or continuously seek) treatment for their disease.

Objection 2: you are discriminating against alcoholics

There are people who are responsible for their medical conditions (e.g. coronary artery disease, lung cancer) that compete equally (for treatments) with others who have the same conditions but through no fault of their own.

Their Reply

But the medical resources needed to treat these conditions (e.g. lung cancer, coronary artery disease) are only relatively or moderately scarce.

Absent extreme scarcity, alcoholics should compete equally with non-alcoholics.

- They are not saying that some lives and behaviors are less valuable than others, and it's certainly not the health care profession's role to make those judgments.
- All things equal, the medical profession should deal with people based on need, not on the basis of what caused the need.
- Also, there are other medical resources besides livers that people with alcoholic liver disease should compete equally for (hospital beds)

Relative and extreme scarcity

Relative scarcity of medical resource x is sufficient for equal competition for x.

Hearts are extremely scarce and people compete equally for those. In the end stage heart disease case, there is equal competition because there is not clear evidence that there is a direct causal link between smoking, bad habits, and their condition (although there does seem to be a connection between their behavior and coronary artery disease).

Yes s/he did this but for all we know it was factors completely beyond his control that ultimately explains why he got it.

So we can't discriminate against those who have bad habits and those who didn't.

This is different with alcohol liver disease. Those with ESLD who have drank for 10-20 years, it's clear that their drinking is what caused their liver to fail.

Their Reply

Absent *extreme* scarcity, alcoholics should compete equally with other ESLD patients.

- There are other medical resources that alcoholics should (and do) compete equally for (e.g. hospital beds)

When it's impossible for all to be saved, the *just* course of action is to ensure that people with ESLD compete only amongst themselves.

If not, think of the number (say 500) of ARESLD who will be saved. Then ponder the fact that 500 people who had a faulty liver through no fault of their own could have lived instead. Isn't this unfair to those 500?

Their last point

Public support for liver transplantation will decline if we do a first-come first-served approach.

How / Why?

The general public will be unhappy with a first-come first served approach, which will lead to:

1. **Fewer people donating livers.**
2. **More people favoring legislation that will deny insurance companies from paying for transplants.**

Exceptions?

Do Moss and Siegler make some exceptions for alcoholics?

What are they?

"Patients with ARESLD who had not previously been offered therapy and who are now abstinent could be acceptable candidates. In addition, patients lower on the waiting list, such as patients with ARESLD who have been treated and are now abstinent, might be eligible for a donor liver in some regions because of the increased availability of donor organs there." (reader, 96)